



APPLICATION

Pediatric Dermatology Fellowship Program
Children's Hospital & UCSD Medical Center, San Diego, California

Name _____ Date of Birth _____

Address _____

Phone No. _____ Pager: _____ Cell: _____

Place of Birth: _____ Visa Status/Citizenship: _____

Email Address: _____ Sex: **M** **F**

For what year are you applying? _____

Are you applying for the Pediatric Dermatology Clinical Fellowship?
(Completion of a dermatology residency required) Y N

OR

Clinical Research Fellowship? (Completion of an Internship required) Y N

TRAINING

Undergraduate: _____

Medical School: _____

Other Post Graduate training: _____

Internship: _____

Dermatology Residency: _____

Pediatric Residency: _____

Other relevant training: _____

Board Certification: _____

Have you passed USMLE? Step I Step II CSA Step III

ECFMG Certification? Yes No *CA Medical License: _____

*CA medical licensure required prior to start date. Applicants are encouraged to begin the process 6-9 months in advance of start date. Please refer to website for details: <http://www.mbc.ca.gov>

Areas of particular interest in pediatric dermatology:

Areas of particular expertise (prior training or experiences not already mentioned that strengthen your candidacy):

Publications (attach additional sheet if necessary): _____

Research experience: _____

Clinical: _____

Basic Science: _____

Have you been involved in the design or execution of clinical research trials? If yes, in what capacity?

On a separate page, in 500 words or less, tell us about yourself. What life and work experiences make you a great candidate for a pediatric dermatology fellowship? What do you plan to do with your training? What are your life goals? Who have been your mentors or role models?

Other relevant training or experience: _____

Individuals who will be providing letters of reference:

1) _____

2) _____